

Kings Road CPS



Intimate Care Policy

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Excellence, in every area without compromise

INTIMATE CARE POLICY

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1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

2. Definition

2.1. Intimate care is any personal care activity a child or young adult would normally be able to do for him or herself, but who are unable to do so because of their young age, physical difficulties or other special needs.

2.2. This could involve washing, touching or carrying out an invasive procedure (such as cleaning up after a child or young adult has soiled him or herself) to intimate personal areas.

2.3. Other examples could include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

2.4. In most cases, such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care.

2.5. In the cases of specific medical or care procedures, only staff suitably trained and assessed as competent should undertake the procedure.

3. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

4. Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

5. Best Practice Principles

5.1. Male staff will not carry out intimate care procedures on female pupils.

5.2. Wherever possible, staff should only care intimately for older or more aware pupils of the same sex.

5.3. Female staff will assist in the needs of younger male pupils and older male students who have significant learning difficulties and lower levels of awareness, because the majority of our staff are female and this may be the only practical option.

5.4. The management of all pupils with intimate care needs will be carefully planned where appropriate.

5.5. In the case of a child under the age of 18, prior agreement must be obtained from parents or carers before intimate care procedures are undertaken (see Appendix 2).

5.6. Intimate Care may be included on Health Care plans (if appropriate) and any other plans which identify the support of intimate care where appropriate.

5.7. The most appropriate environment (e.g. a changing room, medical room or adapted areas of a specified toilet) should be selected to ensure privacy and dignity at all times.

5.8. Care should always be undertaken with tact, sensitivity and in an unhurried manner.

5.9. Whenever possible, gloves should be worn.

5.10. If washing is required, always use a disposable cloth or wet wipe. Emphasis should be on staff providing the minimum level of assistance and intervention, compatible with the particular circumstances and needs. Pupils will be supported to achieve the highest level of independence that is

possible given their age and abilities. Staff will encourage each pupil to do as much independently as they can, with a focus on reducing prompt levels. This may mean giving the pupil responsibility for washing themselves.

5.11. Parents or carers will be asked to supply appropriately sized nappies or incontinence supplies, wipes and disposable bags. The school will supply gloves. We also require parents or carers to supply specialist swimwear designed to promote hygiene in the swimming pool.

5.12. Pupils who require intimate care are treated with respect at all times, welfare and dignity is of paramount importance and their right to privacy will be respected at all times.

5.13. Training is delivered according to the needs of individual pupils. Staff who provide intimate care are trained to do so (including Child Protection and/or Adult Safeguarding and Whistleblowing) and are fully aware of best practice.

5.14. Suitable equipment and facilities will be provided to assist with students who need special arrangements following assessment from physiotherapist or occupational therapist.

5.15. Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

5.16. Individual intimate care plans, if appropriate, will be drawn up for particular pupils in line with their individual circumstances.

5.17. Careful consideration will be given to each situation to determine how many staff might need to be present when a pupil is assisted. Where possible, one pupil will be assisted by one adult unless there is a sound reason for having more staff present. If this is the case, the reasons should be clearly documented.

5.18. Intimate care arrangements will be discussed with parents or carers as appropriate and recorded on pupils' care plans if there is one.

5.19. The needs and wishes of pupils and their parents or carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

5.20. Dealing with Toilet Accidents:

5.20.1. Accidents and unexpected soiling will sometimes occur. On these occasions there may not be a personalised care plan in place or prior parents or carers agreement. In some situations (e.g. needing to shower a young person after a toilet accident) and where the delay will not cause distress, a phone agreement can be sought.

5.21. Pupils, parents, carers and staff all have responsibilities linked to intimate care:

5.21.1. Pupils must be taught strategies to make their need for the toilet clear either verbally, by communication device, method, system or using a sign or symbol.

5.21.2. Staff working with pupils who have toilet training programmes must ensure that relevant staff beyond the immediate class team are aware and competent in maintaining programme consistency.

5.21.3. Staff will ensure that all pupils have regular opportunities and encouragement to go to the toilet at suitable times during the day.

5.21.4. All staff will ensure that any soiling incidents are dealt with quietly and respectfully to avoid any embarrassment

5.21.5. Parents or carers must keep their young people who are unwell away from school, to reduce the chance of stomach bugs from spreading. All pupils should stay at home for 48 hours until the symptoms have stopped. Parents or carers must also come to the school as quickly as possible to collect their child or young adult who has become unwell.

6. Role of parents

6.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see section 6.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

6.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 1 for a blank plan.

6.3 Sharing information

The school will share information with parents as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

7. Role of staff

7.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes teaching assistants.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

7.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures, including those related to COVID-19
- They will also be encouraged to seek further advice as needed.

8. Intimate care procedures

8.1 How procedures will happen

Intimate care is provided as often as is required for a small number of identified individual children.

2 members of staff will be present during each time that intimate care is required as far as possible. An individual member of staff will inform another appropriate adult when they are going alone to assist a pupil with intimate care.

Procedures will be carried out in the inclusive toilet in school, unless the child is in the Early Years.

Procedures will be carried out in a COVID-safe way according to the school's risk assessment and COVID-19 protocol.

Staff who provide intimate care will speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their age.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

When carrying out procedures, the school will provide staff with:

- protective gloves, cleaning supplies, bins and changing mats (where required).

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, wipes, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

8.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the SENCO.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

9. Monitoring arrangements

This policy will be reviewed by the SENCO every three years.

10. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- COVID-19
- Health and safety
- Special Educational Needs and Disabilities policy
- Supporting pupils with medical conditions
- Staff code of conduct
- 'Whistle-blowing' policy

Appendix 1: intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix 2: parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	